

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
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44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2		2			
TOTAL DEP.	17	←	18	←		
TOTAL CLAIMS	19	[Redacted]	20	[Redacted]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←			
TOTAL CLAIMS			←			